

# Foster Family Home - Deficiency Report

Provider ID: 1-090070

Home Name: Gina Mauricio, CNA

Review ID: 1-090070-19

94-450 Kiau Place

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 7/25/2024

**Foster Family Home**      **Required Certificate**      **[11-800-6]**

6.(d)(1)      Comply with all applicable requirements in this chapter; and

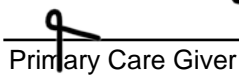
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Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection.

CCFFH met all requirements at the time of the inspection.



\_\_\_\_\_  
Compliance Manager



\_\_\_\_\_  
Primary Care Giver

7/25/24  
\_\_\_\_\_  
Date  
7/25/24  
\_\_\_\_\_  
Date